



**COMMONWEALTH OF KENTUCKY**  
**ALISON LUNDERGAN GRIMES, SECRETARY OF STATE**

**0940188.06**

mstratton  
L902

**Alison Lundergan Grimes**  
**Kentucky Secretary of State**  
 Received and Filed:  
 12/30/2015 10:56 AM  
 Fee Receipt: \$90.00

**Division of Business Filings**  
**Business Filings**  
 PO Box 718  
 Frankfort, KY 40602  
 (502) 564-3490  
 www.sos.ky.gov

**Certificate of Authority**  
**(Foreign Business Entity)**

**FBE**

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a : ☐ profit corporation (KRS 271B). ☐ nonprofit corporation (KRS 273). ☐ professional service corporation (KRS 274).  
☐ business trust (KRS 386). ☒ limited liability company (KRS 275). ☐ professional limited liability company (KRS 275).  
☐ limited partnership (KRS 362).

2. The name of the entity is HIDDEN FOREST DEVELOPMENT, LLC  
 (The name must be identical to the name on record with the Secretary of State.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
 (Only provide if "real name" is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is INDIANA

5. The date of organization is DECEMBER 16, 2015 and the period of duration is \_\_\_\_\_  
 (If left blank, the period of duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
2709 BLACKISTON MILL RD CLARKSVILLE IN 47129  
 Street Address City State Zip Code

7. The street address of the entity's registered office in Kentucky is  
2000 PNC PLAZA, 500 WEST JEFFERSON ST LOUISVILLE KY 40202  
 Street Address (No P.O. Box Numbers) City State Zip Code

and the name of the registered agent at that office is SKO-LOUISVILLE SERVICES, LLC

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

Name	Street or P.O. Box	City	State	Zip Code
JEFFREY A. CORBETT	2709 BLACKISTON MILL RD	CLARKSVILLE	IN	47129

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check box if manager-managed: ☐

13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.

The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is \_\_\_\_\_  
 (Delayed effective date and/or time)

JEFFREY A. CORBETT, MEMBER 12-21-15  
 Signature of Authorized Representative Printed Name & Title Date

I, SKO-LOUISVILLE SERVICES, LLC, consent to serve as the registered agent on behalf of the business entity.  
THOMAS E. RUTLEDGE MANAGER 12-23-15  
 Signature of Registered Agent Printed Name Title Date